

## #10.00 TMM 7/13/99 State of Washington

State of Washington
Application for a Water Right

For	Ecol	ogy	Use	
Fee P	aid			
Date				

JUL 13 1999

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORG	ANIZATION, OR WATER SYSTEM		
Name Kathy A. Wales	Home Tel: (509)965 - 0847		
Mailing Address 14920 McAuley Rd	Work Tel: (509 ) 575 - 8063		
City VAKIMA State WH Zip+4989	Work Tel: (509 ) 575 - 8063  08 + 9133 FAX: ()		
Section 2. CONTACT - PERSON TO CAL  Same as above	L ABOUT THE APPLICATION		
Name	Home Tel: ()		
Mailing Address	Work Tel: (		
	+ FAX: ()		
Relationship to applicant			
Section 3. STATEMENT OF INTENT			
The applicant requests a permit to use not more than <u>Foc</u>	(X) gallons per minute or ☐ ground water source (check only one) for the purpose(s)		
☐ cubic feet per second) from a ☐ surface water source or	ground water source (check only one) for the purpose(s)		
of irrigating lawn & pasture land DESCRIPTION OF THE PLACE OF USE. (See instruc	t Domestic supply. ATTACH A "LEGAL" etions.) NOTE: A tax parcel-number or a plat number is not		
sufficient. SEE GOTTOM OF MAP			
Estimate a maximum annual quantity to be used in acre-foo	ot per year:		
☐ Check if the water use is proposed for a short-term p	roject. Indicate the period of time that the water will be needed:		
From/ to/			
Section 4. WATER SOURCE			
If SURFACE WATTER	If GROUNDWATER		
Name the water source and indicate if stream, spring lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for well(s).		
Number of diversions:			
Source flows into (name of body of water):	Size & depth of well(s):		
	6" × 195		
	from the point of diversion or withdrawal to the nearest		
section corner: 810's \$ 23 40' w of 7	the East quarter conor more		
1/4 of Section Township Range (E.	If location of source is platted, complete below:		
	Lot Block Subdivision		
NW SE 28 13 17	YAKIMA		
For Ecology Use Date Received: JULY 13, 1999 Pri			
SEPA: Exempt/Not Exempt FERC License #	7		
Date Accepted As CompleteBy	Date Returned By WRIA: _ / /		

ECY 040-1-14 Rev. 7/97 \* \* f

**APPLICATION** 

Appl. No.: 64-32876

Sec	tion 5. GENERAL WATTER SYSTEM INFORMATION
A.	Name of system, if named: N/A
B.	Briefly describe your proposed water system. (See instructions.)
	2" MAIN LINE
	2" MAIN LINE pump seize unknown
C.	Do you already have any water rights or claims associated with this property or system? ☐ YES ☐ NO PROVIDE DOCUMENTATION.
100001111111111111111111111111111111111	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system.  Note: Regional water systems are identified by your County Health Department.
Con	aplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?   If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?   If yes, when was it approved? Please attach the current approved version of your plan.
****************	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION ompleted for all irrigation and agriculture uses.)  Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	Use Acres
	Use Acres
	Use Acres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)
	Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no.:</li></ol>
E.	Farm uses: Stockwater - Total # of animals Animal Type (If dairy cattle, see below) Dairy - # Milking # Non-milking

point	E: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest s, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a voir permit application from the Department of Ecology.
Se	ction 9. DRIVING DIRECTIONS
Prov.	ide detailed driving instructions to the project site. To west to End of Nob Hill take a Left on 80th then a Don Wide Hollow and Stay on Wide Hollow until reach Matuley Road - take a Don Matuley (Gravel Rd) go I mile then take a Dinto Lrive way.
G	
Sec	ction 10. REQUIRED MAP
Α.	Attach a map of the project. (See instructions.)
Sec	etion 11. PROPERTY OWNERSHIP
Α.	Does the applicant own the land on which the water will be used?  If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
В.	Does the applicant own the land on which the water source is located?  If no, submit a copy of agreement:
to pr moni	tify that the information above is true and accurate to the best of my knowledge. I understand that in order ocess my application, I grant staff from the Department of Ecology access to the site for inspection and itoring purposes. Even though I may have been assisted in the preparation of the above application by the oyees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.
Appl	icant (or authorized representative)  7-13-99  Date
Land	owner for place of use (if same as applicant, write "same")  Date

□ YES ⋈ NO

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

	**		
The state of the s			
e are returning your application for the following rea	ason(s):		
Examination fee was not enclosed		APPLICANT PLEASE	
		RETURN TO CASHIER, PO BOX 5128, LACEY, WA	
		98509-5128	
Section number(s)	is/are	APPLICANT PLEASE	
ncomplete		RETURN TO THE APPROPRIATE REGIONAL	
		OFFICE	
xplanation:			
Please provide the additional information requested a	bove and return your	r application by	
(date).			
cology staff	Date		

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

**APPLICATION** 

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice)

or (360) 407-6006 (TDD).